

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000409

**PRODUCER OF WASTE (Must be filled by producer)**

Name (print or type): WESLOCK CO Code No. 1331118111

Pick up Address: 13344 S MAIN ST  
(Number) (Street) (City)

Telephone Number: ( ) P.O. or Contract No.:

Order Placed By: \_\_\_\_\_ Date: \_\_\_\_\_

Type of Process  
which Produced Wastes: \_\_\_\_\_

(Examples: metal plating, equipment cleaning, oil drilling--Code No.  
wastewater treatment, pickling bath, petroleum refining)

**DESCRIPTION OF WASTE (Must be filled by producer)**

**Check type of wastes:**

1. ☐ Acid solution  
2. ☐ Alkaline solution  
3. ☐ Pesticides  
4. ☐ Paint sludge  
5. ☐ Solvent  
6. ☐ Tetraethyl lead sludge  
7. ☐ Chemical toilet wastes  
8. ☐ Tank bottom sediment  
9. ☒ Oil *Soil*  
10. ☐ Drilling mud  
11. ☐ Contaminated soil and sand  
12. ☐ Cannery waste  
13. ☐ Latex waste  
14. ☒ Mud and water  
15. ☐ Brine

☐ Other (Specify) \_\_\_\_\_ Code No. \_\_\_\_\_**Components:**

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

1.	<u>none</u>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6.	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

**Hazardous Properties of Waste:**

pH 2 ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive  
Bulk Volume: 50 ☐ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)

Containers:            ☐ drums ☐ cartons ☐ bags ☐ other *Truck*

Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify) \_\_\_\_\_

Special Handling Instructions (if any): None

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

~~Signature of authorized agent and title~~

**HAULER OF WASTE (Must be filled by hauler)**

Name (print or type): ALL AMERICAN OIL COMPANY

Business Address: 8655 So. Main Street, Los Angeles 90005 <sup>Code No.</sup>

Telephone Number: 213 759-6145 Pick Up: 3:30 (City) Los Angeles Time: 1:10

State Liquid Waste Hauler's Registration No. (if applicable): 118

Job No.: 74148 No. of Loads or Trips: 1 Unit No.: A2

Vehicle: ☒ vacuum truck 22 barrels, ☐ flatbed, ☐ other TRAIL  
(specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

**DISPOSER OF WASTE (Must be filled by disposer):**

Name (print or type): OPERATING INSTRUCTIONS □ □

Site Address: 2925 GARDEN. KIDDERLEY PARK Code No.

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): \_\_\_\_\_ State fee (if any): \_\_\_\_\_

**Handling Method(s):**

- ☐ recovery
- ☐ treatment (specify): \_\_\_\_\_
- ☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well  
☐ other (specify): \_\_\_\_\_

If waste is held for disposal elsewhere specify final location: \_\_\_\_\_

Disposal Date: 2-2-18

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

**FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING  
HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.**

D.O.T. Proper Shipping Name